



PLEASE RETURN COMPLETED FORM TO: NZRDA National Office, PO Box 58110, Whitby, Porirua 5245 Charities Commission Number: CC38921

YES, I want to Help NZRDA make a positive difference

AUTHORITY FOR AUTOMATIC PAYMENTS (Not to operate as an assignment or agreement)

PAYER DETAILS To the Manager:

Date

/

/

Name of Bank	IMPORTANT: PLEASE TICK
Branch	This is a new authority
Address	
	As of, this authority replaces existing
	authorities for \$ in favour of the same
Name of Account	payee.
Account Details	
Bank Branch No. Account No. Suffix	On behalf of: Name if other than payer:
Details to appear on my/our bank statement	
Particulars Code	Reference
R G D O N A T I O N N Z R D A	P E G A S U S
FREQUENCY AND AMOUNT First Payment Date Last Payment Date	OR Until Further Notice (please tick)
Frequency (dease tick one) Weekly Fortnightly Four Weekly	eekly Monthly Other (state)
(please tick one)	
Fixed Amount (\$) Amount in Words	
Variable First Amount (\$)	nount in Words
Variable Last Amount	
PAYEE DETAILS Pay to the Credit of:	
Name of Bank BNZ	Name of Branch Manners Street
Name of Account	Bank Branch No. Account No. Suffix
Name of Account NZ Riding for the Disabled Association (inc)	
	0 2 0 5 6 0 0 2 7 4 3 9 2 0 0
Details to appear on Payee's bank statement	
Particulars Code Reference	
AUTHORISATION	
 Please make this automatic payment as detailed by debiting my/our account. I/We understand and accept that the Bank accepts this authority only on the conditions above. 	
Name of Account	Signature

Contact Telephone No.